

Offender Grievance

ROBBINS, MARQUISE ALI-GDC ID 1000413667

Grievance No. 132578 - Status: FORWARDED TO INTERNAL INVESTIGATION

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Facility Grievance Against:	BALDWIN STATE PRISON	Grievance Type:	FORMAL
Grievance Date:	09/19/2012	Form Received Date:	09/24/2012
Expedited Grievance:	NO	Grievance Category:	SEXUAL HARASSMENT
Complaint/Resolution:	On this said date I was attacked and sexually assaulted by a gang of inmates. Before I was tortured and tied in the bathroom I proceeded to bang on the door and call for help. No officer came to my aid. Resolution: Honestly I dont know what can be done about this but the two officers who worked that day were Officer Carter and Officer Davis. If they would of done their job they would have prevented this.		

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[Click Here to Link to an Incident Report](#)

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INSTITUTION	GRIEVANCE NUMBER
DATE FORM ISSUED TO INMATE	BY
DATE COMPLETED FORM RECEIVED FROM INMATE	BY
DATE APPEAL RECEIVED	BY

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT: On the 14th of Sept I was sexually assaulted by a gang of 10 I/M's. I was tortured and beaten. The attack I was forced to have a sex act with one of the men and call him hell. There was an effort to kill me but that is the truth. I was attacked and beaten and forced to have sex with the 10 I/M's.

RESOLUTION REQUESTED: Leave to file a sex assault case

Virginia Lottino

10/14/12

DATE

Is this grievance being filed within the 5 day time limit? Please answer Yes or No. If the answer is No, please explain why.

WARDEN'S / SUPERINTENDENT'S RESPONSE

10/15/12
WARDEN RECEIVED DATE

According to Dr. Sloan I/M was sexually assaulted by a gang of I/M's. However, the charge could not be substantiated. Specialized Counseling for I/M has been made available. All efforts are being made to keep this I/M safe. Therefore, this grievance should be closed.

Virginia Lottino
WARDEN'S / SUPERINTENDENT'S SIGNATURE

10/15/2012
DATE FORWARDED TO INMATE

APPEALABLE NOT APPEALABLE SUSPEND PENDING INTERNAL INVESTIGATION
I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE.

Virginia Lottino
INMATE'S SIGNATURE (REQUIRED)

10/17/12
DATE

IF YOU APPEAL, RETURN THIS FORM AND THE APPEAL FORM TO YOUR COUNSELOR OR GRIEVANCE COORDINATOR, WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF THE WARDEN'S / SUPERINTENDENT'S RESPONSE.

COMMISSIONER'S OFFICE, EXECUTIVE ASSISTANT'S RESPONSE

10/15/12
EXECUTIVE ASSISTANT RECEIVED DATE

Virginia Lottino
EXECUTIVE ASSISTANT'S SIGNATURE

10/15/12
DATE FORWARDED TO INMATE

WHITE COPY - RETAINED BY INMATE AT COMPLETION OF PROCESS CANARY COPY - RETURNED TO INMATE AT TIME OF APPEAL
PINK COPY - RETAINED BY WARDEN / SUPERINTENDENT AFTER RESPONSE

RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL
INMATE'S NAME Virginia Lottino ID# 107841361

I ACKNOWLEDGE RECEIPT OF GRIEVANCE FORM FROM THE ABOVE INMATE. FORM NUMBER 148954

DATE 10/19/12

COUNSELOR'S SIGNATURE Cherie Dier

RETENTION SCHEDULE: - Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office.

PI-2001 (REV. 5/01/04)

COPY
INMATE
AFFAIRS

EXHIBIT "C"

ON THE EXACT DATE OF 9/1/12 I WAS ATTACKED AND SEXUALLY ASSAULTED BY A GANG OF INMATES. BEFORE I WAS TORTURED AND TIED IN THE BATHROOM, I PROCEEDED TO BANG ON THE DOOR AND CALL FOR HELP. THERE WAS NO OFFICER TO COME MY AID. IT WAS THEN WHEN I WAS ATTACKED FROM BEHIND AND CARRIED TO THE BATHROOM. MY LIFE COULD HAVE BEEN TAKEN AND THERE WERE NO CAMERAS TO DISPLAY WHAT TOOK PLACE IN THE DORMITORY. BESIDES BECOMING A VICTIM, I HAVE SEEN NO SPECIALIZED COUNSELING. I'M LOCKED IN A CELL SLEEPLESS WITH PAINFUL AND HONORIZING MEMORIES THAT HAS STRIPPED THE DIGNITY FROM ME, AS A MAN, AND AS A HUMAN BEING.

10/17/12

EXHIBIT "B"

DEC 4, 2012

DEAR WARDEN OUBRE,

I'M WRITING YOU ON BEHALF OF A ISSUE DEALING WITH MY SAFETY. DUE TO THE CIRCUMSTANCES OF WHAT HAPPENED WITH MY CASE. THERE HAS BEEN A (HIT) PUT OUT FOR MY LIFE. ME AND MY FAMILY ARE VERY WORRIED ABOUT THIS SITUATION AND BEEN TRYING TO GET IN CONTACT WITH THE COMMISSIONER.

MY MOM HAS BEEN TRYING TO CONTACT YOU SO SHE CAN FIND OUT WHO TO TALK TO ABOUT THIS. I WILL LEAVE HER NUMBER SO YOU CAN DISCUSS THESE ISSUES WITH HER.

TO GET TO THE POINT OF MY LETTER, I'M ASKING YOU TO PLEASE ALLOW ME TO STAY HERE AT BRYDLWIN STATE PRISON. THERE'S NO WHERE ELSE I CAN GO AND BE SAFE. I DON'T MIND BEING LOCKED-DOWN, AS LONG AS I'M SAFE. I DON'T DISRESPECT ANY OF YOUR STAFF OR SHOW ANY HARM TO ANYONE.

IF YOU LOOK IN MY FILE RECORDS THE ONLY NEGATIVE YOU WILL SEE, IS MY CHARGES, AND MAYBE TWO DR'S THAT I SHOULD NOT EVEN HAVE. MY MENTAL HEALTH COUNSELOR, MS. GRANT KNOWS ABOUT MY CASE. SHE CAN ALSO TELL YOU ABOUT MY BEHAVIOR. MY EX-SCHOOL G.E.D. TEACHER, MS. ROBBINS CAN ALSO VOUCH FOR MY BEHAVIOR AND HOW I CARRY MYSELF IN CLASS.

EVEN YOUR OFFICERS WILL CONFIRM THAT IM NO TROUBLE HERE.

I RECEIVED MY G.E.D. HERE IN MAY OF 2012 AND PLAN TO TAKE SOME CORRESPONDENCE COURSES TO FURTHER MY EDUCATION.

IM TELLING YOU ALL THIS BECAUSE IM TRYING TO MAKE SOMETHING OF MYSELF, AND MAKE IT HOME TO MY FAMILY IN ONE PIECE. I JUST WANT ANOTHER CHANCE AT LIFE, I DONT WANT TO DIE IN PRISON.

PLEASE HELP ME HELP MYSELF, AND BECOME A LAW ABIDING CITIZEN. I ASK THAT YOU ALLOW ME TO PROVE THAT IM NOT WHAT MY CHARGES SAY THAT I AM.
PLEASE LOOK INTO MY SITUATION. THANK YOU

SINCERELY,
M. A. Robbins

P.S.

MOTHER # (404) 246-4819
DIEDRA ROBBINS
CALL ANYTIME OR LEAVE MESSAGE

COPY
HANDWRITTEN

EXHIBIT "E"

DEAR Doctor Sloan,

I'M WRITING YOU THIS LETTER TO YOU AND MS. REGISTER, TO GIVE A BRIEF STATEMENT ABOUT THE SEXUAL ASSAULT THAT OCCURRED ON SEPT 1, 2012. ENCLOSED ARE TWO FORMS OF DECLARATIONS, ONE FOR YOU AND THE OTHER FOR MS. REGISTER. OUT OF RESPECT FOR YOU AND MS. REGISTER I DECIDED NOT TO SUBPOENA YOU TO COME TO COURT SIMPLY BECAUSE YOU HAVE ACKNOWLEDGED THAT WHAT WAS DONE TO ME WAS WRONG AND UNJUSTIFIABLE. I HOPE THAT THIS CAN STAY BETWEEN THE THREE OF US AND JUSTICE PREVAILS. THE DECLARATION FORM WILL BE EASY TO UNDERSTAND AND COMPLETE. ALL IS NEEDED IS YOUR BRIEF STATEMENT OF THE FACTS, AND YOUR SIGNATURE AT THE END. IF POSSIBLE I WOULD LIKE FOR YOU TO MAKE THREE COPIES OF EVERYTHING BESIDES THIS LETTER ENCLOSED. I UNDERSTAND THAT YOU ARE NOT OBLIGATED TO DO ANY OF THE THINGS I HAVE ASKED IN THIS LETTER. BUT I ALSO KNOW THAT I'M NOT NOT THE ONLY ONE THIS HAS HAPPENED TO IN THEIR LIFE. SO I HOPE YOU WOULD GIVE ME THIS SMALL ASSISTANCE THAT I ASK OF YOU. PLEASE BRING THIS LETTER TO MS. REGISTER'S ATTENTION AS WELL.

SINCERELY,
Marguerite Robbins
12/11/12

WITNESS STATEMENT

PLACE	ADMINISTRATIVE SEGREGATION, K-1-18	DATE	1-29-13	TIME	9:55 AM	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	ROBBINS, MARQUISE, ALI	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER		
INSTITUTION OR ADDRESS	Baldwin State Prison					

SWORN STATEMENT

I, MARQUISE ROBBINS, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON JAN 3, 2013, SGT. DUNCAN, A OFFICER OF THE "VERT TEAM" CAME INSIDE MY CELL TO CONFRONT ME ABOUT MY LETTER I WROTE TO THE WARDEN, SHEILA DUBRE. IN MY LETTER TO THE WARDEN I ASKED FOR THE WARDEN TO ALLOW ME TO STAY IN SEGREGATION BECAUSE I FELT SAFE. SGT. DUNCAN TOLD ME THE WARDEN SENT HIM WITH A COPIE OF MY LETTER, TO PERSUADE ME TO COME OUT OF THE "HOLE." I TOLD SGT. DUNCAN THAT I HAS ALREADY EXPLAINED EVERYTHING TO WARDEN DUBRE IN MY LETTER AND I DINT FEEL IT WAS SAFE FOR ME TO TRANSFER ANYWHERE.

ON JAN 29, 2013, BETWEEN THE HOURS OF 9 A.M. & 10 A.M., SGT. DUNCAN APPROACHED INMATE ROBERT DENNIS IN CELL #19 WHICH IS DIRECTLY NEXT TO MY CELL, IN CELL #18. SGT. DUNCAN TOLD INMATE ROBERT DENNIS THAT HE WAS SENT BY THE WARDEN TO TALK TO HIM, ABOUT HIS ASSAULT. ROBERT DENNIS TOLD SGT. DUNCAN THAT HE MADE NUMEROUS ATTEMPTS TO NOTIFY STAFF AND SGT. DUNCAN, ON THE DAY HE ARRIVED THAT HE NEEDED TO BE PLACED IN A SAFE ENVIRONMENT. SGT. DUNCAN AGREED THAT HE DID REMEMBER ROBERT DENNIS TELLING SGT. DUNCAN THAT HE NEEDED TO BE HOUSED SOMEWHERE SAFE. ROBERT DENNIS TOLD SGT. DUNCAN THAT HE DOES NOT FEEL SAFE IN POPULATION AND HE WAS NOT COMFORTABLE TALKING TO SGT. DUNCAN. SGT. DUNCAN HANDED ROBERT DENNIS A COUPLE OF STATEMENT FORMS AND WALKED AWAY FROM INMATE ROBERT DENNIS CELL.

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT CONTINUED

AFFIDAVIT

Marquis Robbins

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH
BEGINS ON PAGE 1 AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME.
THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE
STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT,
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Marquis Robbins
(Signature of Person Making Statement)

WITNESSES:

Robert Dennis 600# 927784

Subscribed and sworn to before me, a person authorized by law
to administer oaths, this ____ day of ____, 20____

BALDWIN STATE PRISON

INSTITUTION OR ADDRESS:

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

INSTITUTION OR ADDRESS:

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

MR

PAGE ____ OF ____ PAGES

INMATE
AFFAIRS COPY

EXHIBIT "C"

1/30/13

DEAR MS. FIELDS

I'M WRITING YOU ON BEHALF OF A GRIEVANCE APPEAL, I SUBMITTED TO INMATE AFFAIRS IN THE MONTH OF OCT 2012. THE GRIEVANCE WAS ABOUT A SEXUAL ASSAULT I RECEIVED FROM A GANG OF INMATES INSIDE A BATHROOM OF DORMITORY G2.

SINCE MY INTERVIEW WITH INMATE AFFAIRS IN LATE OCT OF 2012, I HAVE SEEN NO RESPONSE OR RESOLUTION TO THIS GRIEVANCE. THE "SOP" PROCEDURE SAYS THE INVESTIGATOR'S HAVE 90 DAYS TO RESPOND TO MY GRIEVANCE.

IT'S PAST THE DEADLINE FOR THE INMATE AFFAIRS PERSONNEL TO RESPOND AND I WOULD LIKE TO KNOW, WHEN WILL I RECEIVE A RESPONSE? I ALSO WANT THE FULL NAMES OF THE OFFICIALS AND SUPERVISORS WHO ARE INVOLVED IN THIS GRIEVANCE COMPLAINT, ALONG WITH ANY OTHER INFORMATION THAT PERTAINS TO THIS COMPLAINT.

FURTHERMORE, I HOPE THAT YOU WILL ASSIST ME IN EVERY WAY POSSIBLE IN RECEIVING THIS INFORMATION THAT I'M ENTITLED TO HAVE. IF I'M NOT ENTITLED, THEN I SHOULD HAVE SOME WAY TO OBTAIN THIS INFORMATION AND REDRESS GRIEVANCES. I WILL ALSO SEND COPIES OF THIS LETTER TO OUTSIDE ORGANIZATIONS FOR PROOF OF TRYING TO OBTAIN THIS INFORMATION.

SINCERELY,
Marguerite Coffins

IN THE SUPERIOR COURT OF BALDWIN COUNTY

Marquise Robbins
Plaintiff

v.
SHEILA DUBRE

K. CARTER #3060

A. JAVIS #2808

Defendants

DECLARATION
OF WAYNE SHAW

Civil Action
No. _____

Wayne Shaw hereby declares:

I have been incarcerated at Baldwin State Prison since Oct 2, 2012. Since Nov 6, 2012 I have been housed in K1, an Administrative Segregation dormitory. I am currently in cell 17, which is directly next to cell 18, and have been for over a month.

One day in the month of Nov, which I cant recall the actual date, I was talking to Marquise Robbins from my cell, which is right next to his. He explained to me how he was brutally attacked and assaulted, and how none of the officers who were working that day, did anything to aid and assist him when he was trying to gain help.

"Upon information and belief," I believe what Marguise Robbins has revealed to me is true because the exact same incident happened to me, but in a different dormitory.

I declare under penalty of perjury that the foregoing is true and correct. Executed at Hardwick, Georgia on Dec 15, 2012

Dayne C. Shaw
Signature

IN THE SUPERIOR COURT OF BALDWIN COUNTY

MARQUISE ROBBINS #1000413667
Plaintiff

v.
SHEILA OUBRE
K. CARTER #3060
A. DAVIS #2808
Defendants

DECLARATION
OF ROBERT DENNIS
Civil Action
No. _____

Robert Dennis hereby declares:

I have been incarcerated at Baldwin State Prison since Nov 6, 2012. Since Nov 13, 2012, I have been housed in K1, a Administrative Segregation dormitory. I am currently in cell #19, which is directly next to cell #18, and have been since Nov 13, 2012.

Since I've been housed in cell #19, I've been talking to Marquise Robbins from my cell, which is right next to his. He explained to me how he was brutally attacked and assaulted by other inmates, and how none of the officers who were on that specific shift that day, did anything to aid and assist him when he was trying to gain help.

Upon information and belief, I believe what Marquise Robbins has revealed to me is true, because the same incident happened to me the day I arrived at Baldwin State Prison, but inside a different dormitory.

I declare under penalty of perjury that the foregoing
is true and correct. Executed at Hardwick, Georgia on
12/13/12

Robert Dennis #927784
Signature

Robert Dennis
Print NAME

EXHIBIT "J"

**CHECKLIST OF STATE CRIMINAL LAWS PROHIBITING THE SEXUAL ABUSE OF PERSONS IN CUSTODY OF
LAW ENFORCEMENT, LOCK-UP AND JAIL AUTHORITIES**

NOTE: When the checklist indicates that a particular personnel or setting is covered under the law, either the words themselves (law enforcement, arrest, lock-up or jail) appear in the statute or a cross-referenced statute, or the law can reasonably be interpreted to cover those settings and/or personnel. Though staff sexual misconduct laws included in this chart may cover juveniles and private facilities, for the scope of this chart we have not analyzed the laws for their specific inclusion.

STATE AND STATUTE	Covers Law Enforcement*	Covers Jails	Covers Lock- ups*	Covers Arrest [▼]	All Personnel	Some Forms are Covered ⁺	Consent is Not a Defense
Florida	battery & sexual misconduct						

Florida Cont'

prohibited; reporting required; penalties

FLA. STAT. ANN. § 944.35 (2006).

Sexual battery.

FLA. STAT. ANN. § 794.011 (2006).

Georgia

✓

✓

✓

✓

✓

✓

Volunteers not
covered

Sexual assault against persons in custody; sexual assault against person detained or patient in hospital or other institution; sexual assault by practitioner of psychotherapy against patient.

GA. CODE ANN. § 16-6-5.1 (2006).

- * Some state statutes use the word *police* or *sheriff*. For purposes of this checklist, if a statute uses the word *police* or *sheriff*, we assumed that all law enforcement is covered.
- ♦ If a state law contained the word jail and the word local correctional facility, local correctional institution, county or city facility etc., then we assumed that the state law intended to cover other local facilities such as lock-ups.
- ▼ If a state law contained the word "arrest" or covers law enforcement personnel and contains phrases such as "having custody over the victim", "in the offenders care under authority of law", or "under the supervision of a city or county" then we assumed that the law intended to cover arrest.
- ⁺ All personnel are covered if the statute includes paid employees, volunteers, other state agency employees, and private/contract employees.

Smith Consulting

January 2007

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to obtain

Medical Consultation**OFFENDER ROBBINS,MARQUISE ALI - GDC ID: 1000413667**

Located At: BALDWIN STATE PRISON K-1-18-B

Date Consult Ordered: 09/01/2012
Date Recorded: 09/04/2012
Consult Recorded by: JENNIFER POPHAM
Requesting Site: BALDWIN STATE PRISON
Consult Requested by: DR. DALRYMPLE
Service Requested: OTHER: EMERGENCY ROOM
Request Type: Urgent Initial
Offender Diagnosis: head trauma/facial trauma

Medical History: Inmate sent to ER 9-1-12 for head trauma and facial trauma.

Physical Findings:

Lab/Test Results:

List All Medications:

Specific Questions or Procedure Requested: Please evaluate and treat.

Utilization Management Decision:

Authority: PATRICIA W BROWN
Approved Service: OTHER: EMERGENCY ROOM
Approved Request Type: Urgent Initial
Decision: Approved for Local Outside Services.
Decision Date: 09/24/2012
Approval Tracking Number:
Comments and Justification:

Appointment Scheduling:

Provider Name: LOCAL PROVIDER
Appointment Location: OTHER/SEE COMMENTS
Appointment Date/Time: 09/25/2012 01:00 AM
Appointment Notes:
Transport Date: 09/25/2012
Transport Method: NO TRANSPORT NEEDED
Transport Notes:

Consultants Findings and Recommendations:

Service Delivered by: LOCAL ER
Service Delivered Date: 09/01/2012
Recommendations Notes: complete

NURSING ASSESSMENT FORM FOR
COMPLAINTS NOT SPECIFIC TO ANY
OTHER PROTOCOL FORMN: BBINS, MARQUISE
GDC#: 10004136607
Date of Birth: 3/2/83
Race: B Sex: MaleDATE: 9/1/12 TIME: 1100 FACILITY: Baldwin State Prison

SUBJECTIVE: This 29 year old male female presents with the chief complaint of 11M was assaulted while in dorm by an unknown number of attackers - fists and possibly blunt objects & shanks

(02 SAT 98%)

OBJECTIVE: Vital Signs: B/P 135/99 T 97³ P 83 R 16 Wt unable to obtainALLERGIES: NICDA

PHYSICAL FINDINGS: laceration (R) cheek, small lacerations x 2; face swollen & misshapen eyes almost completely swollen shut, puncture wounds x 3 on (R) shoulder, facial bruising bilaterally

ASSESSMENT: trauma, R/T physical altercation, possible pneumothorax R/T penetration wounds (unable to pupillary response)

PLAN: transport to ORMC for evaluation via ambulance (all notified @ 110)

DISPOSITION: (All referrals must follow protocol guidelines including referral for any vital signs abnormalities)

REFERRAL STAT URGENT ROUTINE Appointment made Date: 11/11/12

OTHER: _____

EDUCATION: take meds as ordered, follow all ER instructions, 11M ER contacted

Signature W. M. Walkin, Jr.(REV. 11/10) NURSING ASSESSMENT FOR COMPLAINTS NOT SPECIFIC TO ANY OTHER PROTOCOL FORM
DO NOT WRITE ON BACK - USE BLACK INK ONLYWalkin

report called to nurse Chris
c. ORMC

GEORGIA DEPARTMENT OF CORRECTIONS

**PROGRESS RECORD
(MEDICAL-DENTAL)**

Facility: GDCP

NAME: Robbins, Margueré

STATE I.D.#: 1000413667

Date of Birth: 3/2/83

Race: 2

Sex: ♂

Date/Time

Date/Time	29 yo BM admitted to Emergency for 23' observation S/P Physical altercation. Upon Assessment You has laceration on \textcircled{R} Cheek; 2 small lacerations (lacerations) on \textcircled{R} side of cheek; Swollen face. Both eyes almost closed; puncture wounds on \textcircled{R} shoulder. And facial bruising VS 134/82 85 18 99' Skin warm And C/S pain in facial area. \textcircled{L} Crys
8/12 1034	VS 128/78 79 16 979 99%. C/S Facial Pain. Gave Tylenol #3 II po as ordered — \textcircled{L} Crys
0430	

GEORGIA DEPARTMENT OF CORRECTIONS

PROGRESS RECORD
(MEDICAL-DENTAL)

Facility: GDCP

(S)

NAME: Robbins, Marquise
 STATE I.D.#: 1000413667
 Date of Birth: 3/2/83
 Race: B Sex: M

Date/Time	
9-2-12	BP 128/57 T-99.1 P-86 R-18 OASAT 96%
0755	IM 23° OMS for physical alteration. IM resting in bed w/ eyes closed. Easily answered by voice. IM able to follow verbal commands. Edema noted to bilat eyes. (R) eye swollen shut. IM unable to evaluate PERRLA on (R) eye. PERRL noted (L) eye. ATO x3, cb pain to facial area. Bruising not noted. lacrimation noted on (R) cheek, t IM C3 minor lmv
1000	BP 104/72 T-96.6 P-72 R-16 OASAT 96%
	IM resting in bed w/ eyes open. ATO x3.
1345	BP- 100/71 T-98.6 P-93 R-18 OASAT 98%
	IM sitting on side of bed watching TV. ATO x3. talkative. Able to follow verbal commands. PERRL (L) eye unable to open (R) eye d/t edema. C3 minor lmv
9/2/12	8:15 IM sitting on bed. (L) eye swollen. Ensure able to swallow (L) eye. has been on clearning food. Received pain med. Husam O. Vitals signs BP 128/57 P-86 R-18 OASAT 98% T-99.1
	facial swelling w/ eyes swollen almost closed. (R) eye swollen w/ swelling & blodding R eye. Shut but able to open - Eye - generalized conjunctival hemorrhage. both eyes. PERRL firm intact (L) eye blodding & ecchymosis swollen & jaw.
	A - facial trauma & periorbital edema (conjunctival hemorrhage)

GEORGIA DEPARTMENT OF CORRECTIONS

**PROGRESS RECORD
(MEDICAL-DENTAL)**

Facility: GDCP

NAME: _____

STATE ID #:

STATE I.D.#: 100041366

Date of Birth: 9/21/12

Race: White

Sex: Male

Date/Time

GEORGIA DEPARTMENT OF CORRECTIONS

**PROGRESS RECORD
(MEDICAL-DENTAL)**

Facility: GDCP

NAME: Robins, Marque

STATE I.D.#: 100041366

Date of Birth: 3/2/83

Race: B Sex: M

Date/Time

Robbins, V

Number _____

GEORGIA DEPARTMENT OF CORRECTIONS

Intrasytem Transfer Form

File in progress note section of the Health Record

Date 1/5/12

Time 0800 am / pm
 Document Medical Problems noted on the Problem List
 Sending Facility: GDCP

Name GDC ID# 1300413667
 ID No. ROBBINS, MARQUISE
 DOB RACE: B, SEX: M, DOB: 03/02/83

1. PFB 4. _____
 2. _____ 5. _____
 3. _____ 6. _____
 Allergies: LUKA Diet: ENRINE - can TIPS X 5/10
 Soft diet x 7 days
 Current profiles or limitations: Ice Pack T1D x 2 days
 Medical Hold Initiated? N/A Date of most recent PPD: 3/26/12
 Date of most recent Physical Exam: 4/4/12
 Consult pending? Yes No If yes, reason: Schedule Flu at home Camp to Dr. Synder's office
 CIC? Yes No If yes, for: Schedule Flu at home Camp to Dr. Synder's office
 Mental Health Patient? Yes No If yes, list: None
 Additional information: None
 Date last seen: 1/1/12 and Date last seen: 1/1/12
 Signature: Column 10 RN LPN

Date 9/4/12 Subjective: New Intake Time 1910 am / pm
 Objective: B/P 138/94 HR 71 RR 16 Temp 98.4 Weight 161 Receiving Facility: Endocrinology Signature: Column 10 RN LPN
 Does the patient have skin lesions or "spider bites" anywhere? No Yes If yes, describe and refer to a clinician: None

Assessment: 29 yr old New Intake. Taper Redoubt & Black economy under health
 Plan: Routine intake (access to care instructions given)
 Next periodic PE scheduled for 3/14/13 Consult pending for 1/1/13
 Referred to Clinician Dr. Akers Next PPD or screening scheduled for 3/24/13
 Referred to Mental Health? N/A Yes No Therapeutic Diet ordered? N/A Yes No

Current profiles or limitations: N/A for N/A Listed on Intrasytem Log? Yes No
 Mental housing? N/A Yes for N/A Renewed? N/A Yes
 1.01 (rev 03/03) DO NOT WRITE ON BACK Signature: DR. AKERS

GEORGIA DEPARTMENT OF CORRECTIONS

MD, NP, PA Medical Encounter Form

Facility GDCP Date: SEP 04 2012 Time: 13:00GDC ID# 1000413667
ROBBINS, MARQUISE
RACE:B,SEX:M,DOB: 03/02/83
Da. M

S: Patient states, with respect to his condition:

S/P alt traumaType of Encounter: Routine Urgent/EmergentHPI: H/0 home + run / O recent FX - (recent)
2x fixed to GDCP. O NIV & HASpoke complaint = +
E Snow complaint = +Other Medical/CIC Conditions: ✓ problem list
med list

C medications:

Medications:

O: BP: 141/85 HR: 76 RR: 20 T: 97.8 Today's Wt 165 Previous Wt _____ on 1/1 (date)

478

Peak Flow Measurement: _____ mL Pulse Ox: _____ % (• Room air • O₂ @ _____ Liters) Finger stick glucose _____ mg/dL

633-1235

PE Findings: Gent. A2Head: (+) soft tissue swelling/bony
area. eyes (+) subconjunctival hemorrhage
bilious, dark & d.

Recent Lab/Diag. Test Results:

A: S/P Physique assault & home + run

P: Diagnostic Measures: (Ordered lab tests, CXR, EKG, Consults, etc.)

Obtain X-ray reportDischarge to home w/ no e-han
cept to return if no appt w/ Dr. Syr. by 5

Therapeutic Measures: (Ordered meds or • \$, treatments, etc.)

My instructions

Patient Education: (Advise given re: clinical / lab findings, follow up, additional / alternative treatments, etc.)

Information re: +
Plan + agreedFollow Up: • Yes If yes, in _____ Days Wks Mnts (circle) Appt. Date: 1/1/14 • Refer to _____ CIC Clinic

• Problem List reviewed and updated as clinically indicated

Aleta M. Gandy

Signature and Credential

MD / NP / PA

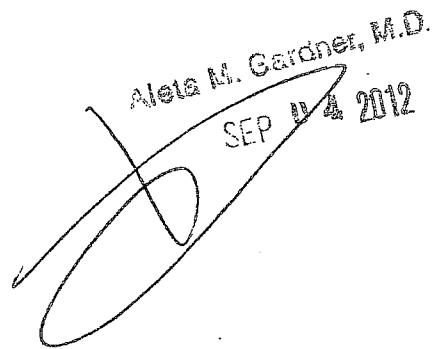
(circle)

Active Meds

09/04/2012

Site Name: GA DIAGNOSTIC CLASSIF PRISON
 Inmate Name: ROBBINS, MARQUISE A - 1000413667

Rx #	Start Dt	Stop Dt	Drug Name/Sig	Units	Physician
577693	09/04/2012	09/11/2012	ACETAMINOPHEN/COD #3 TABLET TAKE 2 TABLETS 3 TIMES A DAY	21	ALEXANDER, LYDIA
577695	09/04/2012	09/14/2012	GENTAMICIN 3MG/ML EYE DROPS PLACE 2 DROPS IN AFFECTED EYE(S) FOUR TIMES A DAY FOR 10 DAYS **LABEL ONLY-GIVEN	1	ALEXANDER, LYDIA



Alecia M. Gardner, M.D.
SEP 14 2012

PI-3083

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1

3

2

4

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERIALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTING
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

(V)

23° Observation s/p Physical

Abstraction:

VS Q 6°

9/1/12 1045

PATIENT'S NAME

Robbins, Maggie
10004136s
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(V)

Notify ALP for
B/P \geq 150/110 or $<$ 80/50HR \geq 118 $<$ 50R \geq 24 $<$ 12T \geq 100.4

9/1/12 1045p

PATIENT'S NAME

Robbins, Maggie
10004136s
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(V)

Noted

Tylenol #3 1/2 po now then
Tylenol #3 1/2 po TID PRN X 24h

9/1/12 1045p

PATIENT'S NAME

Robbins, Maggie
10004136s
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(V)

Q 1/2 tylenol Q 4h as needed 1-2 gts max 30°
Aspirin - 1 bottle c R.P. (MF)

✓ ② Ensure 1 TID x 7 days

✓ ③ Tylenol #3 1/2 TID x 7 days

✓ ④ Depauw on Tuesday + Facial fram

✓ ⑤ Soft diet x 7 days POSTER VEN

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

Linda Alexander 9/1/12 1430 CMM 100 7-212

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robbin, Maggie
10004136s
3/2/83
NKA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

Linda Alexander 9/1/12 1430 CMM 100 7-212

PATIENT'S NAME

NKA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

Linda Alexander 9/1/12 1430 CMM 100 7-212

ms

Robbin Ma
1000411
3/2/1

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

Linda Alexander 9/1/12 1430 CMM 100 7-212

NKA

ms

PI-3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION1. DKOP3.
4.AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.
↓

PATIENT'S NAME

PATIENT'S NAME

PATIENT'S NAME

PATIENT'S NAME

PATIENT'S NAME

(IV)

(IV)

(IV)

(IV)

(IV)

(IV)

Mygels 15 gm AAA bid x 21 days

Physician's Signature: Belinda M. Williams Date: 3/20/12 Time: 1135 Signature: Belinda M. Williams
SEND DUPLICATE TO PHARMACYMygels 15 gm AAA bid x 21 days
gma
a/pPhysician's Signature: Belinda M. Williams Date: 3/20/12 Time: 1135 Signature: Belinda M. Williams
SEND DUPLICATE TO PHARMACYPPD SKIN TEST 0.1 ML
VO: Dr. Akenwane /Juler Powell, Jr. 3-26-12 1500Physician's Signature: Belinda M. Williams Date: 3/20/12 Time: 1135 Signature: Belinda M. Williams 1500
SEND DUPLICATE TO PHARMACYOphometry referral
Juler PowellPhysician's Signature: Belinda M. Williams Date: 3/20/12 Time: 1135 Signature: Belinda M. Williams
SEND DUPLICATE TO PHARMACY

Needs re-eval. by Dr. NP

Flu mycolog 15 gm AAA bid x 30 days

VO: COPAY \$200

VO: Dr. Akenwane /Juler Powell, Jr. 3-26-12 1500

Physician's Signature: Belinda M. Williams Date: 3/20/12 Time: 1135 Signature: Belinda M. Williams
SEND DUPLICATE TO PHARMACY

PI-3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION1
23
4.AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERIALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

To Dr. Gardner/Columbia 9-2-12 1845
D/C 23° dos status to home status
dx S/p altretan.

(iv)

PATIENT'S NAME

Robbins, Marlene
100041366
3/2/83

PHYSICIAN'S SIGNATURE *Kris* DATE *9/2/12* TIME *10:00* SIGNATURE *Robbins, Marlene*

SEND DUPLICATE TO PHARMACY

34° Chart - Complete 9-2-12 C
9/4/12 0050: 24° chart check completed - fine

(iv)

PATIENT'S NAME

PKPA

Robbins, Marlene
100041366
3/2/83

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE

SEND DUPLICATE TO PHARMACY

(iv)

PATIENT'S NAME

May go back to home camp

MD at home camp to SChmidt

Flu - Dr. Syribens as indicated

Robbins, Marlene
100041366
3/2/83

PHYSICIAN'S SIGNATURE *A. Wurman* DATE *9/4/12* TIME *3:30* SIGNATURE *9/4/12 1845*

SEND DUPLICATE TO PHARMACY

(iv)

PATIENT'S NAME

BM

29 yr old new intake

R/o Gentamicin 3mg/ml eye gels. Place 1/2

drops in affected eye. q10 x 70 days

Ensure 1cm TID x 7 days

Ice Pack x 7 days.

v/o Dr. Akersone *8/10* up 1930 4

Robbins, Marlene
100041366
3/2/83

PHYSICIAN'S SIGNATURE *AK* DATE *9/17/12* TIME *11:00* SIGNATURE

SEND DUPLICATE TO PHARMACY

(iv)

PATIENT'S NAME

BM

Ref M/Lost 1E flu/a next 3/13

Last PD 9/2/12 next 3/13

v/o on aluminum/gels x 1930

Robbins, Marlene
100041366
3/2/83

PHYSICIAN'S SIGNATURE

DATE *9/17/12* TIME *11:00* SIGNATURE

SEND DUPLICATE TO PHARMACY

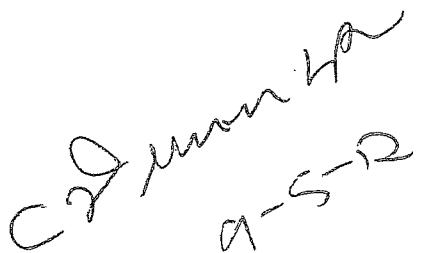
BM

Active Meds

09/05/2012

Site Name: GA DIAGNOSTIC CLASSIF PRISON
 Inmate Name: ROBBINS, MARQUISE A - 1000413667

Rx #	Start Dt	Stop Dt	Drug Name/Sig	Units	Physician
577693	09/04/2012	09/11/2012	ACETAMINOPHEN/COD #3 TABLET TAKE 2 TABLETS 3 TIMES A DAY	21	ALEXANDER, LYDIA
577695	09/04/2012	09/14/2012	GENTAMICIN 3MG/ML EYE DROPS PLACE 2 DROPS IN AFFECTED EYE(S) FOUR TIMES A DAY FOR 10 DAYS **LABEL ONLY-GIVEN	1	ALEXANDER, LYDIA



 C. J. [Signature]

PI - 3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and MEDICATION SENSITIVITY INFORMATION	1	3
	2	4.

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERIALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.



1) Kenalog Cream apply topically to affected skin
B.D. x 30 days (5gm) (Co-pay charged)
✓ Fasting plasma glucose CBC
no fix in 4 weeks 8/23/12 *7/30/12* *7/26/12/12*

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Bim
Baldwin sp

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE
DR. DALY R. M. D. 7/26/12 10:45 AM *BB Bradford*

SEND DUPLICATE TO PHARMACY

(✓)

NKA

Transport to PRMC via ambulance
for evaluation of Head Trauma?
Puncture Wounds
V/O Dr. Daly R. M. D. *BB Bradford* 7/26/12 10:45

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Bim
Baldwin sp

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE
BB Bradford for his

SEND DUPLICATE TO PHARMACY

(✓)

NKA

BB Bradford for his

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Bim
Baldwin sp

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

NKA

BB Bradford for his

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Bim
Baldwin sp

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

NKA

BB Bradford for his

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Bim
Baldwin sp

PHYSICIAN'S SIGNATURE DATE TIME SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

NKA

PL-3003

GEORGIA DEPARTMENT OF CORRECTIONS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET			
ALLERGY AND MEDICATION SENSITIVITY INFORMATION	1.	3.	
	2.	4.	

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT,
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

PHYSICIAN'S ORDERS

1. Kenalog Cream apply topically to affected skin
BID x 30 days (5gm) (Co-pay charged)
2. Fasting plasma glucose CBC 7/30/13
3. mg fgt in 4 weeks 8/23/12

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Blm
Baldwin 80

NKDA

PHYSICIAN'S SIGNATURE: MD DATE: 7/26/12 TIME: 8:30 AM
SEND DUPLICATE TO PHARMACY

Transport to DLMC via Ambulance
for evaluation of Head Trauma?
gastroenteritis

V/O Dr. Daly/Romley Bradford 9/1/12 115

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Blm
Baldwin 80

NKDA

PHYSICIAN'S SIGNATURE: MD DATE: 7/26/12 TIME: 9:15 AM
SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Blm
Baldwin 80

NKDA

PHYSICIAN'S SIGNATURE: DATE: TIME: SIGNATURE
SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Blm
Baldwin 80

NKDA

PHYSICIAN'S SIGNATURE: DATE: TIME: SIGNATURE
SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robins, Marquise
1000413667
3-2-83 Blm
Baldwin 80

NKDA

PHYSICIAN'S SIGNATURE: DATE: TIME: SIGNATURE
SEND DUPLICATE TO PHARMACY

NAME: _____

ID #: _____

Questions:

1. Was the allegation of staff on inmate/probationer abuse? Yes No
If "Yes," notify the Office of Special Investigation, (404) 657-7588. (Fax # 478-472-3771)

Person notified: _____ Date/Time of Notification: _____

2. Was the allegation of inmate/probationer on inmate/probationer abuse? Yes No
If "Yes," notify facility security?

Person notified: _____ Date/Time of Notification: _____

3. Is the inmate/probationer willing to be interviewed by security? Yes No
Does the inmate/probationer request the specially trained counselor be present during the interview? Yes No *N/A*

4. Did the inmate/probationer refuse the initial mental health evaluation? Yes No

If "Yes," date of the next interview: (To be done within one week.) *N/A*

5. Was there a second attempt to evaluate the inmate/probationer? Yes No *N/A*
Did the inmate/probationer refuse the evaluation on the second attempt? Yes No *N/A*

If "Yes," date of the next interview: (To be done within one week.) *N/A*

Attach the progress note.

6. Did the inmate/probationer refuse the third attempt to evaluate? Yes No *N/A*

If "Yes," inform the inmate/probationer that mental health services are available whenever they are desired.

Attach the progress note.

- Make sure observations of the inmate's/probationer's mental status are documented in the progress note.
- If further evaluation or mental health treatment is recommended and the inmate/probationer agrees, review the case with the Mental Health Unit Manager and treatment team.
- If the specially trained counselor and the inmate/probationer see no need for counseling or treatment after the initial evaluation, inform the inmate/probationer that further mental health services are available upon request.

Specially Trained Counselor's Signature/Title/Date: _____



Licensed Clinician's Signature/Title/Date: _____
(To be signed within two days.)

NAME: _____

ID #: _____

2. Assessment: (include mental status data and determination of whether inmate/probationer is likely to need further evaluation or mental health treatment.)

*Inmate is oriented x4 clear/correct. Mood is
Suspicious & confused affect. He is instructed
to participate in Therapy!! He will be seen by
Dr. Sloan in CST and Counselor Andrade
in ENDK. He does not want back on the compound.*

3. Plan: (Present the plan in terms of the problem.)

*Weekend Passes to act and pull out a release
to probation. The inmate refers to Edith
to custody.*

Attach signed "Consent for Treatment" form.

WITNESS STATEMENT

PLACE <i>BSB</i>	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>STAN STEPHEN</i>	SOCIAL SECURITY ACCOUNT NO. STATE SERIAL NUMBER		
INSTITUTION OR ADDRESS Baldwin State Prison			

SWORN STATEMENT

I, STEPHEN STAN, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I was videotaped by miss Maria Cerven
as another had occurred involving Marlene
Robles. I manifested the true facts and
the Warden of Security was right there

1/16/96

INITIALS OF PERSON MAKING STATEMENT

SJS

PAGE 1 OF PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND
BE INITIALED AS "PAGE OF PAGES". WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL
BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
MENTAL STATUS EVALUATION

INSTITUTION: _____
NAME: _____
ID #: _____
DOB: _____
RACE: _____
SEX: _____

<p>1. DRESS</p> <p><input type="checkbox"/> Appropriate/clean clothes <input type="checkbox"/> Disheveled/soiled clothes <input type="checkbox"/> Inappropriate/non-clothes</p> <p>2. HYGIENE</p> <p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor</p> <p>3. APPEARANCE</p> <p><input type="checkbox"/> Meticulous <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Unkempt</p> <p>4. FACIAL EXPRESSIONS</p> <p><input type="checkbox"/> Appropriate to verbal content <input type="checkbox"/> Inappropriate Bizarre Minimized Fixed</p> <p>5. TONE OF VOICE</p> <p><input type="checkbox"/> Normal Loud Soft Monotone</p> <p>6. RATE OF SPEECH</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Rapid Slowed</p> <p>7. MANNER OF SPEECH</p> <p><input type="checkbox"/> Normal Pressured Hesitant Stuttering Slurred Emotional</p> <p>8. SPEECH CONTENT</p> <p><input type="checkbox"/> No unusual aspects noted Morbid Perseverative Ideas of reference Excessive Somatization Hyper-religiosity Nonsensical Electively Mute</p> <p>9. THOUGHT PROCESS</p> <p><input type="checkbox"/> Logical/Coherent Illogical/Incoherent Circumstantial Tangential Concrete Blocking</p> <p>10. DELUSIONS APPARENT</p> <p><input type="checkbox"/> None Persecutory Self-deprecatory Grandiose Somatic</p>	<p>11. SELF-INJURY</p> <p><input checked="" type="checkbox"/> No thoughts of self-injury <input type="checkbox"/> Current thoughts of self-injury <input type="checkbox"/> Current plans for self-injury <input type="checkbox"/> Recent attempts or acts of self-injury <input type="checkbox"/> Past attempts or acts of self-injury <input type="checkbox"/> Occasional/passing thoughts of suicide <input type="checkbox"/> Preoccupying thoughts of suicide <input type="checkbox"/> Suicide plan</p> <p>12. OTHER-INJURY IDEATION/BEHAVIOR</p> <p><input type="checkbox"/> No history of assaultive behavior <input type="checkbox"/> History of infrequent assaultive behavior <input type="checkbox"/> History of frequent assaultive behavior Recent assault Homicidal ideation Homicide plan Past homicide attempt Recent homicide attempt Past homicide Recent homicide</p> <p>13. HALLUCINATIONS APPARENT</p> <p><input type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Other</p> <p>14. MOOD</p> <p><input type="checkbox"/> Undetermined <input type="checkbox"/> Euthymic (normal) <input type="checkbox"/> Apathetic <input checked="" type="checkbox"/> Dysphoric (sad) <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Fearful <input type="checkbox"/> Suspicious <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric (elevated)</p> <p>15. AFFECT</p> <p><input type="checkbox"/> Appropriate to status <input type="checkbox"/> Broad <input type="checkbox"/> Exaggerated <input type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input type="checkbox"/> Restricted <input type="checkbox"/> Flattened</p> <p>16. SLEEP PATTERN</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Insomnia <input type="checkbox"/> Frequent wakening <input type="checkbox"/> Decreased hours <input type="checkbox"/> Restlessness <input type="checkbox"/> Increased hours <input type="checkbox"/> Early morning wakening <input type="checkbox"/> Nightmares</p>	<p>17. EATING BEHAVIOR</p> <p><input type="checkbox"/> No problem <input checked="" type="checkbox"/> Loss of appetite <input type="checkbox"/> Increase in appetite Fasting Hunger strike Vomiting Rapid weight gain or loss</p> <p>18. ORIENTATION</p> <p><input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation <input checked="" type="checkbox"/> Times four</p> <p>19. MEMORY</p> <p><input type="checkbox"/> No notable impairment <input type="checkbox"/> Impaired immediate recall <input type="checkbox"/> Impaired recent memory <input type="checkbox"/> Impaired remote memory</p> <p>20. ESTIMATED INTELLECTUAL LEVEL</p> <p><input type="checkbox"/> Above average <input checked="" type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Possible retardation</p> <p>21. JUDGEMENT</p> <p><input type="checkbox"/> Above average <input checked="" type="checkbox"/> Average <input type="checkbox"/> Below average Poor Variable</p> <p>22. INSIGHT</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Extremely limited</p> <p>23. IMPULSE CONTROL</p> <p><input type="checkbox"/> Over-controlled <input checked="" type="checkbox"/> Average <input type="checkbox"/> Below average</p> <p>24. INTERACTION WITH EXAMINER</p> <p><input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Domineering Ingratiating Manipulative Dependent Evasive <input type="checkbox"/> Defensive</p>
--	--	---

Evaluator/Title Dr. Steve Clever

Date 9-13-12

Date

Reviewer/Title

(2/15/96)

ATTACHMENT
SOP II B05-0001

WITNESS STATEMENT

PLACE D Bldg.	DATE 9/12/12	TIME 1400	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Register, Melissa S.	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER 1010650
INSTITUTION OR ADDRESS Baldwin State Prison			

SWORN STATEMENT

I, Melissa S. Register, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On 9/12/12 at approximately 0845 hrs a confidential informant advised me that Inmate Marquise Robbins GDC 1000413667 that goes by the nickname "Jersey" had been tied up, physically beaten, hot water had been poured on his genitals, and he had been penetrated in his anus with a broom handle on 9/1/12 in G2 Dorm. The Confidential Informant stated the attack was a result of gang members in the dorm discovering via a text message on one of their cell phones that Inmate Robbins had told "snitch" on them. The confidential informant told me Inmate Robbins was a "Bloods" gang member. The confidential informant also informed me that Inmate Robbins was beaten/tortured for an extended period of time, and was screaming out in pain while he was being beaten, burned, and penetrated with the broom stick but the gang members forced Inmate Robbins to get into the shower and that this is where Inmate Robbins was when the Officer entered G2 to count/make rounds. I coordinated with Acting Deputy Warden Jordan to have Inmate Robbins escorted from Segregation to my office. Inmate Robbins was interviewed by Dr. Sloan and I. Inmate Robbins reported he was beaten, burned with hot/scalding water, tied up with his hands behind his back and that his feet were also bound, that gang members tried to rape him orally with a broom handle but he did not believe they were able to do so and then just resorted to beating him with the broom handle. He stated he blacked out several times but not for long periods of time and that is why he is relatively sure he was not raped with the broom handle. He denied being penetrated with any other objects either orally or anally. He refused to name the perpetrators but acknowledged they were gang members. He stated he did not want to be

INITIALS OF PERSON MAKING STATEMENT

MSR

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED".
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND
 BE INITIALED AS "PAGE ____ OF ____ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL
 BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

2/15/96)

ATTACHMENT 3
SOP IIB05-0001

WITNESS STATEMENT

PLACE	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER

INSTITUTION OR ADDRESS Baldwin State Prison
--

SWORN STATEMENT

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I indicate does not want to make a
State record. He refused on 9-12-12 @ 1455
hrs.

He also does not want to talk to Security.
transcribed by D. Steve Sloan
Margaret Hoffman

ff

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."

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BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT CONTINUED

interviewed by security regarding this matter. Inmate Robbins is already housed in a single cell in Segregation for his safety. Dr. Sloan is to complete the sexual allegation evaluation.

AFFIDAVIT

L. Malissa S. Register HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Molin J. Regal
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law
to administer oaths, this _____ day of _____, 20____.

INSTITUTION OR ADDRESS:

(Signature of Person Administering Oath):

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

THE OFFICIAL RECORD OF THE 1996 PRESIDENTIAL ELECTION

MSR

GEORGIA DEPARTMENT OF CORRECTIONS

MH/MR PROGRESS NOTE

Date: 9-13-12

Facility: BSP

Name: Marquessa Roberts

ID#: 100043667

Race: B Sex: M

I. Data: Purpose: Individual Counseling Session Evaluation Rounds Crisis
 Other: _____

Chief Complaint: Depression

Target Symptom(s) from Treatment Plan addressed in this contact: Depression

Attitude: fair Hygiene: good Orientation: x4 Suicide Ideation: denies

Judgement: fair Mood: depressed Affect: flat Homicidal Ideation: denies

Thought Processes and Content: clear / coherent:

Description of session (include discussion of abnormal findings): Thoughts of

Sexual assault still dominate his memory everyday. We started talking about techniques to minimize nightmares.

Interventions: Affect Therapy

II. Assessment: Problem/Target Symptoms Worse Unchanged Improved Eliminated

Diagnosis: adj- DD E depression Unchanged/Changed as of: _____
 (circle) (date)

Comments: Stalls by discomfort

III. Plan: (present the plans in terms of the problems): see on weekly basis

Next Appointment: 10/12

Page 1 of 1 [] Attachment

Marquessa Roberts
 (Signature/Title)

DR STEVE STRAU
 (Printed/Typed Name)

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
ISOLATION/SECREGATION ROUNDS

48 HOUR WEEKLY
(Circle)

DATE: 9/12

NAME: Marquise Robbins
GDC#: 1000413667
DOB: 3-2-83
RACE: B SEX: Male
FACILITY: BALDWIN STATE PRISON

DATA: Date inmate was placed in Isolation/Segregation: 9-6-12
(circle)

Reason for Isolation/Segregation placement: MH
Chief Complaints: work

Inmate MSE findings: (comment on pertinent findings)

Psychosis: new

Depression: new

Self-Injurious Thoughts: denies

Suicidal Intent: denies

Aggression: new

Situational Upset: new

MSE within normal range (no problems)

ASSESSMENT: Are there any contra-indications to lock-down? YES NO

Comments: Continue to monitor.

PLAN: As long as the inmate/probationer remains in Isolation or Segregation will monitor weekly for contra-indication to lock-down and the need for further services.

Stephen L. Shaver, PhD
Signature

MHC
Title

This is to be done:

- Within two (2) working days of a mental health inmate being placed in isolation/segregation.
- Weekly on ALL mental health inmates in isolation/segregation.

GEORGIA DEPARTMENT OF CORRECTIONS

MH/MR PROGRESS NOTE

Date: 10-18-12

Facility: BSC

Name: Marques Robins

ID#: 1000 413667

Race: B Sex: M

I. Data: Purpose: Individual Counseling Session Evaluation Rounds Crisis
 Other:

Chief Complaint: fear

Target Symptom(s) from Treatment Plan addressed in this contact: Paranoia

Attitude: fair Hygiene: fair Orientation: x4 Suicide Ideation: denies

Judgement: fair Mood: Subdued Affect: con Homicidal Ideation: den

Thought Processes and Content: clear/coherent

Description of session (include discussion of abnormal findings): In most instances to have flash backs re: sexual assault. He says they are less frequent. He was given new med which seems to be helping. He regards med as placebo

Interventions: advise his family

II. Assessment: Problem/Target Symptoms Worse Unchanged Improved Eliminated

Diagnosis: AD 3 d/o, Pts. Doses Unchanged/Changed as of: _____
 (circle) (date)

Comments: appears stable

III. Plan: (present the plans in terms of the problems): continue to see as needed

Next Appointment: 1 month

Page 1 of 1 [] Attachment

(Signature/Title)

DR STEVE SOSA
 (Printed/Typed Name)

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
ISOLATION/SEGREGATION ROUNDS48 HOUR/WEEKLY
(Circle)DATE: 10-9-12NAME: Marguerite Robles
GDC#: 1008413667
DOB: 3-2-83
RACE: B SEX: Male
FACILITY: BALDWIN STATE PRISON

DATA:

Date inmate was placed in Isolation/Segregation:

(circle)

9-6-12

Reason for Isolation/Segregation placement:

PresChief Complaints: now

Inmate MSE findings: (comment on pertinent findings)

Psychosis: now

Depression: now

Self-Injurious Thoughts: now

Suicidal Intent: now

Aggression: now

Situational Upset: now

MSE within normal range (no problems)

ASSESSMENT: Are there any contra-indications to lock-down? YES NOComments: Continue to monitor.PLAN: As long as the inmate/probationer remains in Isolation or Segregation will monitor weekly for contra-indication to lock-down and the need for further services.Signature: Stephanie L. Sloan, PhD

Title

MH/MR Counselor, Sr.

This is to be done:

- Within two (2) working days of a mental health inmate being placed in isolation/segregation.
- Weekly on ALL mental health inmates in isolation/segregation.

GEORGIA DEPARTMENT OF CORRECTIONS

MH/MR SERVICES
CONSENT TO MH/MR EVALUATION OR TREATMENT

Name: _____
ID #: _____
DOB: _____ Sex: _____

Race: _____

It is important that you know the limits of confidentiality regarding mental health information that is maintained in your medical and mental health records. Information disclosed by you, as a patient to a mental health care provider, will be treated with sensitivity and recognition of your right to privacy. However, there are certain circumstances where confidentiality between you as the patient and the mental health care provider is limited. I will not divulge anything you tell me without your permission unless I believe that I am bound to do so by professional ethics, procedures of the Department and/or law. Also, access to information in your medical/mental health record may be permitted by law, departmental procedures, judicial proceedings, accreditation review, professional audits, or when authorized by you. We will strive to safeguard information obtained from you and ensure that only authorized sources have access to it.

If you tell mental health staff that you intend to harm yourself or someone else, or threaten the security of the institution, mental health staff will advise other institutional staff of such danger, in order to protect your well-being and that of others. Furthermore, Mental Health staff that become aware that an inmate/probationer housed by GDC may have been subjected to sexual abuse, sexual contact or sexual harassment must immediately notify (must tell policy) the Warden/Superintendent or his/her designee.

If you have any questions about the limits of confidentiality, please ask us for clarification.

Your signature below indicates that you have read this statement or it was read to you, that you understand the limits of confidentiality within the Department of Corrections and that you agree to receive mental health services.

A copy of this form will be given to you after you have signed it.

Monica Hollis
Inmate/Probationer Name

Date

S. Hollis
Staff Signature/Title

Date

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SEXUAL ALLEGATION
FOLLOW-UP REPORT

INSTITUTION: RCF
NAME: Marguerite Melchiono
GDC #: 1000413687
DOB: 3-2-93
RACE: 3 SEX: W

This inmate was involved with a sexual allegation on 9-1-12 (date).

The allegation was assault on inmate

Signature/Title: fisher Date: 9-13-12

CONFIDENTIAL

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR INITIAL SEXUAL ALLEGATION
EVALUATION

INSTITUTION: _____
NAME: _____
ID#: _____
DOB: _____
RACE: _____ SEX: _____

Specially Trained Counselor's Name/Title _____

Relevant Background Information:

1. Correctional History: 1st Offense Violent Blasphemy
MLW 2033

2. Medical: None

3. Mental Health History: None

4. Prior Victimization/Experiences: None

Progress Note: (Do NOT discuss the truth or falsehood of the allegation.)

1. Data: (Identify nature of allegation, behavioral observations, and clinical signs or symptoms of emotional trauma.)

Client is doing well today from the previous
behavioral assault. He is more receptive to
activities of population. He has a good appetite
and sleeps more easily at night. The
client appears diminished and in a constant
state of fear.